

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED
SECRETARY OF THE SENATE
PUBLIC
15 JAN -6 PM 2:50
Office Use Only

1. NAME OF COMMITTEE (in full)
- TYPE OR PRINT ▼**
- Example: If typing, type over the lines.

12FE4M5

FRIENDS OF CHRIS MCDANIEL

ADDRESS (number and street)

POST OFFICE BOX 125

Check if different
than previously
reported. (ACC)

LAUREL

MS

39441

- 2.
- FEC IDENTIFICATION NUMBER ▼**

C

C00550657

3. IS THIS
-
- REPORT

NEW
(N)

OR

AMENDED
(A)

ZIP CODE ▲

STATE ▼ DISTRICT

MS

00

- 4.
- TYPE OF REPORT**
- (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day
- PRE-Election**
- Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

- (c) 30-Day
- POST-Election**
- Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MELANIE SOJOURNERSignature of Treasurer MELANIE SOJOURNER

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)